

I am participating in a class action settlement related to coverage for the provision of infertility services received between September 1, 2017 and May 31, 2024 and have been asked by my health insurer to provide the following information about the artificial insemination services I received from you during that time:

- (1) Provider Name
- (2) Provider Address
- (3) Provider TIN/PIN
- (4) National Provider Identifier (NPI)

For each service received during the relevant time period, please fill out the following:

CPT Code (check one):

____ S4035 (Artificial Insemination; Menotropin)

____ 58321 (Artificial Insemination; Intra-Cervical)

____ 58322 (Artificial Insemination; Intra-Uterine)

Date of Service: _____

The amount billed to me for this service is: \$ _____

The amount I paid for this service is: \$ _____